CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on MAY 5, 2005.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

10/642,982

Confirmation No. 3521

Applicant

G. A. Jaquette

Filed

08/18/2003

TC/A.U.

2651

Examiner

D. L. Negron

Docket No.

TUC920030071US1

Mail Stop: Non-Fee Amendment **Commissioner for Patents** P.O. Box 1450

Alexandria, VA 22313-1450

<u>AMENDMENT UNDER 37 CFR 1.111</u>

Sir:

This amendment is in response to the Patent and Trademark Office communication of March 23, 2005. Please enter the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins at page 2 of this paper.

Remarks/Arguments begin at page 27 of this paper.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10642382

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			95					RATE	FEE		RATE	FEE	
FOI	₹		NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
то	TAL CHARGEA	BLE CLAIMS	Sminus 20≃		. 35			X\$ 9≐		OR	X\$18=	630	
IND	EPENDENT CL	AIMS	<i>O</i> minus 3 =		* 7			X42=		OR	X84=	13	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	> •	
* If the difference in column 1 is less than zero, enter "0" in column 2						.	TOTAL		OR	TOTAL	1965		
5/9/0 CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1)			(Column 2)			(Column 3)		SMALLE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<u>* 55</u>	Minus	** 5	5	=]	X\$ 9=		OR	X\$18=		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280≈		
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		CLAIMS		HIGH	IEST		וו		ADDI-		- · -	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL	
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Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent	*	Minus	***		3		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	•				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
44 44	"If the entry in colorin 1 is less than the entry in colorin 2, while of in colorin 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												